

State of New Hampshire 2008 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80. REPORT DUE BY April 1, 2008

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/08/2008

Business ID: 476527

William M. Gardner

Secretary of State

QUEEN BEE STUDIO, LLC			ADDRESS OF PRINCIPAL OFFICE:		
801 ISLINGTON ST			801 ISLINGTON ST	THEE.	
PORTSMOUTH, NH 03801					
	ENTITY TYPE: LLC		PORTSMOUTH, NH 03801		
			REGISTERED AGENT AND	OFFICE:	
			DUOENIN D TIMOTIIN EG	0	
	STATE OF DOMICILE: NEW HAMPSHIRE		PHOENIX, R TIMOTHY, ES	Q	
			402 STATE ST		
	TEACH YOGA		PORTSMOUTH, NH 03801		
	If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.				
2	The new mailing address				
	The new principal office address				
	PO Bo	x is acceptable.			
	MANAGERS		MEMBERS		
			AND BUSINESS ADDRESS (P.O. I	BOX ACCEPTABLE).	
	LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT A		LIST AT LEAST ONE MEMBER BELO	W IF NO MANAGERS B	
	MANA. Sara M Curry	NAME			
	STREET 10 Spinney Creek Road	STREET			
	CITY/STATE/ZIP Eliot Me 03903 CII		CITY/STATE/ZIP		
	NAME	NAME			
3	STREET	STREET			
•	CITY/STATE/ZIP	CITY/STA	ATE/ZIP		
	NAME	NAME			
	STREET	STREET			
	CITY/STATE/ZIP	CITY/STA	ATE/ZIP		
	NAME	NAME			
	STREET	STREET			
	CITY/STATE/ZIP CITY/STATE/ZIP				
	NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED				
To be signed by the manager, if no manager, must be signed by a member. I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief. Sign here: Sara M Curry				owledge and belief.	
	Please print name and title of signer: Sara M Curry			MANAGER	
	NAME			TITLE	
	FEE DUE: \$100.00 E-MAIL ADDRI	ESS (OPTIONA	L):		



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: